| | | | | | | | | | Application or Docket Number | | | | | |
|--|---|---|---------------|-------------|---------------------------------|------------------|-------|-------------------|------------------------------|----|------------------|------------------------|--|--|
| PATENT APPLICATION FEE DETERMINATION RECOR Effective October 1, 2001 | | | | | | | | | ° 10/052904 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | ALL EN | | OR | OTHER SMALL E | | | |
| TOTAL CLAIMS | | | | | | | F | RATE | FEE | | RATE | FEE | | |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | ВА | SIC FEE | 370.00 | OR | BASIC FEE | 740.00 | | |
| TOTAL CHARGEABLE CLAIMS | | | 6 minus 20= | | * | | | X\$ 9= | | OR | X\$18= | | | |
| INDEPENDENT CLAIMS | | | 2 minus 3 = | | • | | | X42= | | OR | X84= | | | |
| MU | LTIPLE DEPEN | DENT CLAIM PF | RESENT | | | | +140= | | | OR | +280= | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | . L | OTAL | | OR | TOTAL | | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | 1 | | OTHER | | | |
| 5- | 5-8-02 (Column 1) (Column 2) (Column 3) | | | | | | | | ENTITY | OR | SMALL | | | |
| NTA | | CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST IBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| DME | Total | • 8 | Minus | ** | J 0 | = / | | X\$ 9= | | OR | X\$18= | | | |
| AMENDMENT | Independent | * 2 | Minus | | 3_ | = / | | X42= | | OR | X84= | | | |
| 5 | FIRST PRESENTATION OF MOLTIFLE DEFENDENT CEAM | | | | | | | +140= | | OR | +280= | | | |
| REST AVAILABLE COPY | | | | | | | | TOTAL | | | TOTAL | | | |
| | | | | | | | | DIT. FEE | | OR | ADDIT. FEE | | | |
| _lé | 1-10-04 | (Column 1) | | | mn 2) | (Column 3) | _ | | | | | | | |
| ENT B | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREV | HEST MBER IQUSLY DFOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| AMENDMENT | Total | * 16 | Minus | ** | 20 | • / | | X\$ 9= | | OR | X\$18= | | | |
| ME | Independent | • 4 | Minus | *** | 3 | | | X42= | 44 | ОЯ | X84= | કેંજ | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OR | 1 | | | |
| | | | | | | | AD | TOTAL DIT. FEE | | OR | ADDIT. FEE | | | |
| | | | | | | | • | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUI PREV | HEST MBER TOUSLY D FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | | |
| N N | Total | • | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | | | |
| Ę | Independent | • | Minus | *** | | = | | X42= . | | OR | X84= | | | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +140= | | OR | +280= | | | |
| | * If the entry in column 1 is less than the entry in column 2, write *0* in column 3. | | | | | | | | | ОП | TOTAL | | | |
| **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE THIGHEST Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | | |
| | ine riignesi Nui | | in io (ioiai) | · | | | | | | | | E COMMERC | | |